



\$1615

PTO/SB/21 (08-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/071,257
Filing Date	02/08/2002
First Named Inventor	Boyong Li
Group Art Unit	1615
Examiner Name	Rachel M. Bennett
Attorney Docket Number	141-242A

Total Number of Pages in This Submission **1**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Alan B. Clement, HEDMAN & COSTIGAN, P.C.
Signature	
Date	12/12/2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **12/12/2003**

Typed or printed name	Alan B. Clement, Reg. No. 34,563		
Signature		Date	12/12/2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/071,257
Filing Date	February 8, 2002
First Named Inventor	Boyong Li
Examiner Name	Rachel M. Bennett
Group Art Unit	1615
Attorney Docket No.	141-242A

TOTAL AMOUNT OF PAYMENT (\$) 598.00

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 08-1540

Deposit Account Name: HEDMAN & COSTIGAN, P.C.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION (continued)

				Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)						
105	130	205	65					Surcharge - late filing fee or oath	
127	50	227	25					Surcharge - late provisional filing fee or cover sheet	
139	130	139	130					Non-English specification	
147	2,520	147	2,520					For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*					Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*					Requesting publication of SIR after Examiner action	
115	110	215	55					Extension for reply within first month	
116	400	216	200					Extension for reply within second month	
117	920	217	460					Extension for reply within third month	
118	1,440	218	720					Extension for reply within fourth month	
128	1,960	228	980					Extension for reply within fifth month	
119	320	219	160					Notice of Appeal	
120	320	220	160					Filing a brief in support of an appeal	
121	280	221	140					Request for oral hearing	
138	1,510	138	1,510					Petition to institute a public use proceeding	
140	110	240	55					Petition to revive - unavoidable	
141	1,280	241	640					Petition to revive - unintentional	
142	1,280	242	640					Utility issue fee (or reissue)	
143	460	243	230					Design issue fee	
144	620	244	310					Plant issue fee	
122	130	122	130					Petitions to the Commissioner	
123	50	123	50					Processing fee under 37 CFR 1.17(q)	
126	180	126	180					Submission of Information Disclosure Stmt	
581	40	581	40					Recording each patent assignment per property (times number of properties)	
146	740	246	370					Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370					For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370					Request for Continued Examination (RCE)	
169	900	169	900					Request for expedited examination of a design application	
Other fee (specify) Terminal Disclaimer									110.00
*Reduced by Basic Filing Fee Paid									
SUBTOTAL (3)									(\$) 110.00

FEE CALCULATION

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES

Total Claims: -20** = 11 X 18.00 = 198.00

Independent Claims: -3** = 0 X 0.00 = 0.00

Multiple Dependent Claims: 290.00 = 290.00

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 488.00

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Alan B. Clement	Registration No. (Attorney/Agent)	34,563
Signature		Telephone	(212) 302-8989
		Date	December 12, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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